## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/593, 148

| CLAIMS AS FILED - PART I  |  |  |                                       |              |                                   |   |    | SMALL ENTITY TYPE   |                        | OR | OTHER T                    |                        |
|---|--|--|---------------------------------------|--------------|-----------------------------------|---|----|---------------------|------------------------|----|----------------------------|------------------------|
| us  | NATIONAL ST                                    | TAGF FEES                                      | (Column                               | 1)           | (C                                | column 2)                               |    | RATE                | FEE                    | ſ  | RATE                       | FEE                    |
|   | C FEE  |  | SMALL ENT. = \$ 150                   |              | LARGE ENT. = \$ 300               |   |    | BASIC FEE           |                        | OR | BASIC FEE                  | 300                    |
|   | MINATION FEE                                   |  | Satisfies PCT Arti                    | ticle 33(1)- | All other situations =            |   |    | EXAM. FEÉ           |                        | Ì  | EXAM. FEE                  | 200                    |
|   |  |  | (4) = \$50/<br>U.S. is ISA = \$5      | 50 / \$ 100  | <del></del>                       | \$ 100 / \$ 200  ALL other situations = |    |                     |                        |    | SEARCH FEE                 |                        |
| SEAR  | RCH FEE  |  | ALL other countries = \$ 200 / \$ 400 |              | \$ 250 / \$ 500                   |   |    | SEARCH FEE          |                        |    |                            | 400                    |
| FEE F   | FOR EXTRA SF                                   | PEC. PGS.                                      | minus 100 =                           |              | / 50 =                            |   |    | X \$ 125 =          |                        |    | X \$ 250 =                 |                        |
| TOTA  | AL CHARGEABI                                   | LE CLAIMS                                      | 29 min                                | nus 20 =     | . 9                               |   |    | X \$ 25 =           |                        | OR | X \$ 50 =                  | 450                    |
| INDE  | PENDENT CLA                                    | NIMS   | 2 mi                                  | inus 3 =     | *                                 |   |    | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
| MULT  | TIPLE DEPENC                                   | DENT CLAIM PRE                                 | SENT                                  |              |                                   |   |    | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
| * If t  | he difference                                  | in column 1 is l                               | ess than zero                         | , enter "    | 0" in col                         | lumn 2                                  | •  | TOTAL               |                        | OR | TOTAL                      | 1350                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |  |                                       |              |                                   |   |    | SMALL ENTITY        |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   | 29   | CLAIMS REMAINING AFTER AMENDMENT               |                                       | NUM<br>PREVI | HEST<br>MBER<br>IOUSLY<br>D FOR   | PRESENT<br>EXTRA                        |    | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | * 29   | Minus                                 | ** 20        | 7                                 | = ()                                    | 1  | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
| MEN   | Independent                                    | * 2  | Minus                                 | *** 3        | }                                 | = ()                                    | 1  | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
| ٨   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                       |              |                                   |   | 1  | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
| 一   |  |  |                                       |              |                                   |   | _= | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
| (Column 1) (Column 2) (Column 3)  |  |  |                                       |              |                                   |   |    |                     |                        |    |                            |                        |
| T.B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |                                       | NUM<br>PREV  | SHEST<br>MBER<br>/IOUSLY<br>D FOR | PRESENT<br>EXTRA                        |    | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| OMEN  | Total  | *  | Minus                                 | **           |                                   | =                                       |    | X \$ 25 =           |                        | OR | X \$ 50 =                  | <u> </u>               |
| AMENDMEN'   | Independent                                    | *  | Minus                                 | ***          |                                   | =                                       | 1  | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|   | FIRST PRES                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                       |              |                                   |   | 7  | + \$ 180 =          |                        | OR |                            |                        |
|   | <u></u>  |  |                                       |              |                                   |   |    | TOTAL ADDIT         |                        | OR | TOTAL ADDIT                |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Barbara Campbell, PCT National Stage Division  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |  |                                       |              |                                   |   |    |                     |                        |    |                            |                        |